M0800000 3218

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TALLAHASSEE FLORIGA

1-3-18

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 565636 7122903

AUTHORIZATION :

COST LIMIT : STELLOW ROW

ORDER DATE: January 2, 2019

ORDER TIME : 3:27 PM

ORDER NO. : 565636-015

CUSTOMER NO: 7122903

FOREIGN FILINGS

NAME: ALORICA BUSINESS SOLUTIONS,

LLC

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

1.

TO:

Registration Section

Division of Corporations ALORICA BUSINESS SOLUTIONS, LLC SUBJECT: _ (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) Corporation Service Company (Firm/Company) 1201 Hays Street (Address) Tallahassee, FL 32301 (City/State and Zip Code) For further information concerning this matter, please call: Lakbi.Villaroman (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$25 Filing Fee 🗆 \$30 Filing Fee & □ \$55 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ALORICA BUSINESS SOLUTIONS, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
07/09/2008	
(Date registered with Florida Department of State)	
M08000003218	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in the	his state.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Departme	y filing requirements,
(Signature of authorized representative)	
. ,	SECRE ALLAH,
Elizabeth (Cece) Pan	
(Typed or printed name of signee)	AM -2 PHI2: RETARY OF STATE WHASSEE, FLORIE

Filing Fee: \$25.00